MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11942

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Andora
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Pa. County:

City or town: Phila Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 527 S Redfield St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Samuel Braid also known as or Baradofsky.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Rose Braid

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): Sept 15 1892

8. AGE: Years: 47 Months: 3 Days: 1 If less than one day: hrs. min.

9. Birthplace: Russia
(Town, county, and state)

10. Usual occupation: Salesman

11. Industry or business: Cake Salesman

FATHER
12. Name: Morris Braid
13. Birthplace: Russia

MOTHER
14. Maiden name: Jennie Prager
15. Birthplace: Russia

16. Informant: Mrs Rose Braid

Address: 527 S Redfield St Phila

17. removal
(Burial, cremation, or removal. Which?)

Date thereof: Dec 17 - 1939
(month) (day) (year)

Cemetery or crematory: Har Nebo

Location: Philadelphia

18. Funeral director: Florence E Abernathy

Address: Elkins Md

19. Dec 15 1939
(Date rec'd by registrar)

F R Frazer
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 14 1939, at 8 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not seen 19 , to 19 ,

and that I last saw h alive on 19

Immediate cause of death: Acute Dilatation of heart.

Due to: Chronic Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J B Slier (Corner) Dr. Reed Dawson M. D. or other

Address: Rising Sun Md Date signed: 12-15-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 2 1940
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11943

Reg. Dist. No. 92

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Cecil

City or town: Union Hospital Elkton, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital Elkton Md

Stay in hospital or inst. (yrs., or mos., or days): 11 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Cecilton, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Broadwater

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	Wh	Widowed

6 (b) Name of husband or wife: George W. Broadwater

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Feb. 4, 1857

8. AGE: Years	Months	Days	If less than one day
82	9	21	hrs. min.

9. Birthplace: Enfield Md
(Town, county, and state)

10. Usual occupation: At Home.

11. Industry or business:

FATHER 12. Name: no information

13. Birthplace:

MOTHER 14. Maiden name:

15. Birthplace:

16. Informant: Hospital Records.

Address: Union Hospital Elkton, Md

17. Burial, cremation, or removal. Which?: Burial Date thereof: 12/30/39 (month) (day) (year)

Cemetery or crematory: Bethel

Location: Chesapeake City, R.D. Md

18. Funeral director: H.W. Pippin & Wm. Pippin

Address: Elkton, Md.

19. Dec 30 1939 (Date rec'd by registrar) J.R. Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 25 1939, at 2:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 14 1939, to Dec. 25 1939, and that I last saw h alive on Dec. 24 1939.

Immediate cause of death	DURATION
Cardio-vascular-renal disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Dr. Lloyd H. Sprecher M.D.
M. D. or other

Address: Elkton, Md. Date signed: Dec 30.

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

11944

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Rural near Cherry Hill
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 14 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Rural near Cherry Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 4 Miles from Elkton
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary Emma Carter.

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife: Daniel C Carter.

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov 5 1859

8. AGE: Years: 80 Months: 1 Days: 24 If less than one day ____ hrs. ____ min.

9. Birthplace: Union Cecil Co Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Bartly O Hargon
13. Birthplace: Maryland

MOTHER
14. Maiden name: No information
15. Birthplace: No information

16. Informant: Mr Daniel Carter
Address: Elkton Md R.D.5

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 3-1940 (month) (day) (year)

Cemetery or crematory: Cherry Hill Cemetery

Location: Cherry Hill Maryland

18. Funeral director: Florence E Abernathy
Address: Elkton Md R.D.5

19. Jan 1 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 30 1939, at 5:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 11 1939, to Dec. 30 1939, and that I last saw her alive on Dec. 23 1939.

Immediate cause of death: Cardio-vascular-renal disease

Due to

Due to: Myocardial failure

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Mulford H. Specker, M.D. M. D. or other

Address: Elkton, Md. Date signed: Jan 1, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 51A

CERTIFICATE OF DEATH

11945

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 0 yrs. 4 mos. 2 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Middletown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Spanish American

3. (a) FULL NAME: CASE, Francis Paul

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	white	Divorced

6 (b) Name of husband or wife: Unknown

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): March 10, 1876

8. AGE: Years	Months	Days	If less than one day
63	9	18	____ hrs. ____ min.

9. Birthplace: Westminster, Md.
(Town, county, and state)

10. Usual occupation: Engineer & printer

11. Industry or business: Printing

FATHER
12. Name: Unknown - deceased
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown - deceased
15. Birthplace: Unknown

16. Informant: Hospital records

Address

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec. 28, 1939 (month) (day) (year)

Cemetery or crematory: Unknown

Location: Frederick, Maryland

18. Funeral director: Pennington & Son. PENNINGTON & SON

Address: Havre de Grace, Md.

19. 12/28 (Date rec'd by registrar) 1939 Florence M Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 28 1939, at 2:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 26 1939, to Dec. 28 1939, and that I last saw him alive on December 28 1939.

Immediate cause of death	DURATION
Adeno carcinoma, supra-renal, left, malignant, with generalized metastasis	Unknown
Due to	
Other conditions	
Coronary sclerosis, severe (Include pregnancy within 3 months of death)	Unknown

Major findings:

Of operations:

Of autopsy: Same as above

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide -- Date of

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury -- Injured at work?

23. SIGNATURE: C. F. Davis
C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Md.

Date signed: 12-28-39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 92

210-m

CERTIFICATE OF DEATH

11946

1. PLACE OF DEATH

(a) County Cecil

(b) City or town Elkton
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Union Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Cecil

(c) City or town Port Deposit,
(If outside city or town limits, write RURAL and give town)

(d) Street No. Main.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME James Thomas Craig.

3 (b) If veteran, name war

3 (c) Social Security No. 215-14-5396

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Apr. 23, 1920

8. AGE: Years 19 Months 7 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Port Deposit, Cecil Co. Md.
(Town, county, and state)

10. Usual occupation Student

11. Industry or business High School.

FATHER
12. Name James V. Craig.
13. Birthplace Principio, Md

MOTHER
14. Maiden Name Isabelle E. Duke
15. Birthplace Port Deposit, Md

16 (a) Informant Mary Craig Thomas
(b) Address Port Deposit, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 18, 1939 (month) (day) (year)

(c) Cemetery or crematory Mt Erin

Location Havre de Grace, Md.

18 (a) Funeral director Lee A. Patterson

(b) Address Perryville, Md.

19 (a) Dec 16/39 (Date rec'd by registrar) (b) F. R. Frazer Registrar

MEDICAL CERTIFICATION

20. Date of death 12-14 1939, at 8:30 M

21. I certify that death occurred on the date above stated; that I attended deceased from _____ 19__, to _____ 19__, and that I last saw him alive on _____ 19__.

Immediate cause of death Puncture abdomen intestines torn out

Due to Automobile accident C.W.G.R.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence 12/14 39

(c) Where did injury occur? Near Rising Sun (City or town) Cecil (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public Highway (Specify type of place) While at work?

(e) Means of injury

23. Signature John R. Bliss M. D. or other Coroner

Address Rising Sun Date signed 12/15 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

11947

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Cherry Hill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Cherry Hill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: Not a Veteran

3. (a) FULL NAME: Maurice E. Egnor

3. (b) Social Security Number: 213-05-3469

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Eva Moore Egnor

6(c) If alive, give age: 52 years

7. Birth date of deceased (mo., day, yr.): May 20 1880

8. AGE: Years 59 | Months 6 | Days 20 | If less than one day ___ hrs. ___ min.

9. Birthplace: Cherry Hill Cecil Co, Md (Town, county, and state)

10. Usual occupation: Engineer, Paper Mill

11. Industry or business: Papermaking

FATHER

12. Name: Robert M Egnor

13. Birthplace: Cecil Co. Md

MOTHER

14. Maiden name: Ella Spratt

15. Birthplace: Cherry Hill Cecil Co. Md

16. Informant: Mrs Eva Egnor

Address: Elkton RD # 5 Md

17. ~~Rosebank~~ Burial - Calver Date thereof: Dec 21, 1939 (month) (day) (year)

(Burial, ~~cremation, or removal~~ Which?)

Cemetery or ~~crematory~~: Rosebank

Location: Calvert, Md

18. Funeral director: Joseph R. Grant

Address: North East Md

19. Dec 20 1939 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 17 1939, at 8.45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937 19__ to December 1939, and that I last saw him alive on September 1939.

Immediate cause of death: Coronary Thrombosis

Due to: Eucholic Phenomena, Valvular Heart Disease

Due to: Hypertension

Other conditions: Diabetes Mellitus - Mild

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: Loss

DURATION: Dec 17.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Milford H. Sprecher, M.D. M. D. or other

Address: Elkton, Md. Date signed: Dec. 18

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
JAN 4 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95E)

11948

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 113 Stockton St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 21 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elkton Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 113 Stockton St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Amanda Everett

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Walter Everett

6(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): Feb 23--1883

8. AGE: Years: 56 Months: 10 Days: 5 If less than one day: hrs. min.

9. Birthplace: Queen Annes Co Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Joseph T Blackiston
13. Birthplace: Maryland

MOTHER
14. Maiden name: Mary Everitt
15. Birthplace: Delaware

16. Informant: Mr Walter Everett
Address: Elkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 2--1940 (month) (day) (year)

Cemetery or crematory: Cherry Hill Cemetery

Location: Cherry Hill - Maryland

18. Funeral director: Florence E Abernathy
Address: Elkton R. D 5 - Md

19. Jan 1 1940 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 29 1939, at 4 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1937, to Dec. 29 1939, and that I last saw her alive on Dec. 29 1939.

Immediate cause of death: Cardio-renal-disease — DURATION: 3 yrs.

Due to: Myocardial Failure — One wk.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Milford H. Sprecher, M.D. M. D. or other

Address: Elkton, Md. Date signed: Jan 1, 1940

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 96

CERTIFICATE OF DEATH

11949

1. PLACE OF DEATH:
(a) County Cecil
(b) City or town Port Deposit (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Mann St
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 12 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Cecil
(c) City or town Port Deposit (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Lillian J. Forrester
3 (b) If veteran, name war —
3 (c) Social Security No. None
4. Sex Female
5. Color or race White
6 (a) Single, married, widowed, or divorced.
6 (b) Name of husband or wife William Forrester
6. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Dec. 9, 1877
8. AGE: Years 62 Months — Days 17 If less than one day hr. min.
9. Birthplace Port Deposit, Cecil co. Md (Town, county, and state)
10. Usual occupation Practical Nurse
11. Industry or business Private Homes.
FATHER 12. Name George W. Price
FATHER 13. Birthplace Harford co, Md
MOTHER 14. Maiden Name Lillian Grant
MOTHER 15. Birthplace Harford Co.
16 (a) Informant Williams Price
16 (b) Address Port Deposit, Md.
17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 29, 1939 (month) (day) (year)
17 (c) Cemetery or crematory Hopewell Location Port Deposit R.F.D.
18 (a) Funeral director W. A. Patterson
18 (b) Address Perryville, Md.
19 (a) Dec. 29/1939 (Date rec'd by registrar) (b) Florence W. Saunders Registrar

MEDICAL CERTIFICATION

20. Date of death Dec 26 1939, at 11 A. M
21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1934 to Dec 26 1939; and that I last saw him alive on Dec 26 1939.

Immediate cause of death	Duration
Carcinoma of Uterus	6 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. F. Benson M. D. or other
Address Port Deposit Md Date signed 12/27/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m) (B)

11950

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Cecil
City or town Elkton, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital
Stay in hospital or inst. (yrs., or mos., or days) 6 da
Stay in this community (yrs., or mos., or days) No 6 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Ga. County
City or town Columbus Ga. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 523 11th Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Walter Foster,

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	Col.	Single.

B (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 1, 1901

8. AGE: Years	Months	Days	If less than one day
38	7	17	____ hrs. ____ min.

9. Birthplace Columbus Ga.
(Town, county, and state)

10. Usual occupation Porter,

11. Industry or business

FATHER 12. Name No Information
13. Birthplace

MOTHER 14. Maiden name No Information,
15. Birthplace

18. Informant Hospital record
Address Elkton Md

17. Burial Date thereof Dec 24/39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory
Location Columbus Georgia

18. Funeral director H. W. Pippin
Address Elkton Md

19 Dec 22 1939 F. R. Frazer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Union Hospital 12/8/39, to ____ 19____,
and that I last saw h ____ alive on ____ 19____.

Immediate cause of death	DURATION
Internal Injuries.	
Due to Auto Accident	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Accident Date of 12/12/39
Where did injury occur? 2 Mile West Elkton Route 40
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) public place
Means of injury Injured at work? No.

23. SIGNATURE John B. Sheen Coroner
M. D. or other
Address Elkton Md Date signed 12/12/39

RECEIVED
DEC 30 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (90)

11951

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Elkton,
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Union Hospital.

Stay in hospital or inst. (yrs., or mos., or days) 16 da

Stay in this community (yrs., or mos., or days) 9 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Cecil.

City or town Elkton, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Bells Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry Godbolt.

3. (b) Social Security Number 215-10-4796

4. Sex M.

5. Color or race Col.

6. (a) Single, married, widowed, or divorced Single.

8 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) no information 1902

8. AGE: Years 37 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Gresham, S.C.
(Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name Henry Godbolt.
13. Birthplace Gresham, S.C.

MOTHER
14. Maiden name no information
15. Birthplace no information

16. Informant Irene Harris.
Address 111 Bells Lane Elkton, Md

17. Burial. Date thereof Dec 9 /39
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Elkton Col Cemt

Location Elkton, Md

18. Funeral director H. W. Pippin

Address Elkton, Md

19. Dec 9 1939 F R Frazer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 7 1939, at 6a 45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 21 1939, to Dec. 7 1939, and that I last saw him alive on Dec. 6 1939.

Immediate cause of death Staphylococcus septicaemia

DURATION 3 wks.

Due to Staph. aureus. Prob. from furunculus

Due to in axilla.

Other conditions Staphylococcus Pericarditis
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? no

23. SIGNATURE Milford H. Sprecher, M.D.
M. D. or other

Address Elkton, Md. Date signed Dec. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11952

Reg. Dist. No. 92

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Cecil
County
City or town Elkton (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 140 Moffat St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 12 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. 140 Moffat St (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Albert Strahorn Garrett

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	widowed

6 (b) Name of husband or wife May Garrett
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17 1871

8. AGE:

Years	Months	Days	If less than one day
68	6	27	hrs. min.

9. Birthplace Fair Hill Cecil Maryland (Town, county, and state)
10. Usual occupation Employee
11. Industry or business Govt Veterans Bureau
FATHER 12. Name Thomas Garrett
FATHER 13. Birthplace Fair Hill Md
MOTHER 14. Maiden name Emily Strahorn
MOTHER 15. Birthplace Fair Hill Md
16. Informant J W Garrett
Address 140 Moffat St Elkton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 17 1939 (month) (day) (year)
Cemetery or crematory Elkton
Location Elkton, Md
18. Funeral director H W Pippin
Address Elkton Md
19. Dec 16 1939 (Date rec'd by registrar) F. R. Fraser Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1939, at 12 15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1938, to Dec 14 1939, and that I last saw ~~him~~ alive on Dec 14 1939

Immediate cause of death	DURATION
Chronic Myocarditis	
Due to Hypertension	
Due to Arteriosclerosis generalized	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of Injury Injured at work?

23. SIGNATURE Herbert Bolan M. D.
M. D. or other
Address Elkton Md Date signed 12/15/39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11953

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:-
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Union Hospital Elkton Md.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Chesapeake City RD Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edith Gibbs

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Walter Gibbs
6(c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Feby 14 1885

8. AGE:

Years	Months	Days	If less than one day
54	9	28	hrs. min.

9. Birthplace Snow Hill maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Cady Brooks
FATHER 12. Name Cady Brooks
13. Birthplace Chesapeake City Md
MOTHER 14. Maiden name Mary Owens
15. Birthplace Snow Hill Md
16. Informant Walter Gibbs
Address Chesapeake City RD Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 17 1939 (month) (day) (year)
Cemetery or crematory Manor cemetery
Location near Chesapeake City Md
18. Funeral director H. W. Pippin
Address Elkton Md
19. Dec 16 1939 (Date rec'd by registrar) J R Fraze Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13 1939 at 1:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 6 1939 to Dec. 13 1939, and that I last saw h alive on Dec. 12 1939.

Immediate cause of death	DURATION
Squamous Cell Carcinoma Grade III - Cervix uteri	6 mo (?)
Due to	
Due to	
Other conditions Secondary Anemia	

(Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy -

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Milford N. Spreches M.D. M. D. or other
Address Elkton, Maryland Date signed Dec. 16.

RECEIVED
JAN 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11954

(94b)

Reg. Dist. No. 95

1. PLACE OF DEATH:

County Cecil

City or town Royal near Calvert, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 75 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Royal near, Calvert Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Rachel Ann Gifford

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or ~~wife~~ Joseph Gifford

6(c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) July 1, 1960

8. AGE: Years 79 Months 5 Days 1 If less than one day ___ hrs. ___ min.

9. Birthplace Unk.

(Town, county, and state)

10. Usual occupation House-wife

11. Industry or business

FATHER 12. Name Abner Kirk

13. Birthplace Unk

MOTHER 14. Maiden name Unk

15. Birthplace "

18. Informant Joseph Gifford

Address Rising Sun Md

17. Burial Date thereof Dec. 5, 1939.

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or ~~crematory~~ Rosebank Cemetary

Location Calvert, Md.

18. Funeral director Ralph M Reed

Address Rising Sun, Md.

19. Dec 4 1939 Lon Worthington

(Date rec'd by registrar) Registrar

Permit issued 12-4-1939

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-2 1939, at 6.45 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-2 1939, to 12-2 1939, and that I last saw h— alive on 19

Immediate cause of death Coronary Thrombosis

Due to

Due to Antemortem

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R L Dodson MD

M. D. or other

Address Rising Sun Md Date signed 12-2-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1966
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-a)

CERTIFICATE OF DEATH

11955

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Near Cherry Hill R. D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 9 mo & 11 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Rural Near Cherry Hill Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William Irvin Grant.

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	X

B (b) Name of husband or wife: X

X 6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 4 1939

8. AGE:

Years	Months	Days	If less than one day
	9	11	hrs. min.

9. Birthplace: Union Hospital Maryland.
(Town, county, and state)

10. Usual occupation: X

11. Industry or business: X

FATHER 12. Name: George Irvin Grant.

13. Birthplace: North East Maryland

MOTHER 14. Maiden name: Lillian Mae Baker.

15. Birthplace: Maryland

16. Informant: Mrs Lillian Grant.

Address: Elkton R. D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 17- 1939 (month) (day) (year)

Cemetery or crematory: Sharps Cemetery

Location: Near Fair Hill Md

18. Funeral director: Thomas E Abernathy

Address: Elkton Md R.D. 5

19. Dec 16 1939 (Date rec'd by registrar) J R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 16 1939, at 4 P. M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Dec 2 1939, to Dec 15 1939, and that I last saw him alive on Dec 15 1939.

	DURATION
Immediate cause of death: Endocarditis (Chronic) and chronic	9
Due to Pharyngitis	
Due to Primary cause of the chronic endocarditis: Unknown; as it existed when I physician first saw the baby. C.W.S.R.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. T. Morrison M. D. or other

Address: Elkton, Md Date signed: Dec 16th

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11956

CERTIFICATE OF DEATH

(94f)

Reg. Dist. No. 94

1. PLACE OF DEATH:

County: Cecil

City or town: North East
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 16 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Town of North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: George Washington Hammond.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Elsie May Hammond.

6(c) If alive, give age: 60 years

7. Birth date of deceased (mo., day, yr.): June 21--1871

8. AGE:

Years	Months	Days	If less than one day
68	6	2	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: Watchman at R.R. crossing

FATHER
12. Name: James H Hammond
13. Birthplace: Delaware

MOTHER
14. Maiden name: Susan Richardson
15. Birthplace: Delaware

16. Informant: Mrs Elsie M Hammond.
Address: North East Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 27 - 1939 (month) (day) (year)

Cemetery or crematory: North East Cemetery

Location: North East Md

18. Funeral director: Florence E Abernathy
Address: Elkton R.D 5 Md

19. Dec 27 1939 (Date rec'd by registrar) Geo. W. Owens Registrar
Per. L. V. C

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 24, 1939, at 8 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 18, 1939, to Dec. 24, 1939, and that I last saw him alive on December 23, 1939.

Immediate cause of death: Coronary Thrombosis — DURATION: 8 days

Due to

Due to

Other conditions: Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: H. Arthur Cantwell M. D. or other
Address: North East, Md Date signed: Dec 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11957

(72-a)

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Cecil

City or town: Cokesbury

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Route 1 Box 103

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 mos 15 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State: Maryland County: Cecil

City or town: Colora, Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Colora Post office

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mr. Robert E. Herod

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): January 29, 1866

8. AGE:

Years	Months	Days	If less than one day
73	10	3	X hrs. X min.

9. Birthplace: Cokesbury (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER

12. Name: David J. Herod

13. Birthplace: Cokesbury, Md

MOTHER

14. Maiden name: Rebecca J. Preston

15. Birthplace: Cokesbury, Md

16. Informant: Mrs. Hezekiah Herod

Address: Route 1 Box 103 Cokesbury Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 14 1939 (month) (day) (year)

Cemetery or crematory: Cokesbury M. E. Cemetery

Location: Cokesbury, Md

18. Funeral director: Elmer E. Bullock

Address: Havre de Grace, md

19. 12-4- (Date rec'd by registrar) 1939 Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 2 1939, at 8:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 13, 1939, December 2 1939, and that I last saw him alive on Dec. 1 1939.

Immediate cause of death: Aortic Insufficiency — DURATION: 8-13-39

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Claude L. Cawood M.D. M. D. or other

Address: Havre de Grace Date signed: 12.2.39

RECEIVED
JAN 4 1940
U. S.

11958

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County Cecil

City or town Rural near North East
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Rural Near North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Amelia Hess

3. (b) Social Security Number

4. Sex F

5. Color or race Wh

6. (a) Single, married, widowed, or divorced Widowed

B (b) Name of husband or wife John Hess. Deceased

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 25, 1871

8. AGE: Years 68 Months 8 Days 10 If less than one day hrs. min.

9. Birthplace Johnstown, Pa
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name John Wagner
13. Birthplace Johnstown, Pa

MOTHER
14. Maiden name Mary Kelly
15. Birthplace Johnstown, Pa

18. Informant George Lewis

Address North East, Md

17. Burial, (Burial, cremation, or removal. Which?) Date thereof Dec 7/39 (month) (day) (year)

Cemetery or crematory Elkton Cemt.

Location Elkton, Md

19. Funeral director H. W. Pippin

Address Elkton, Md

19. Dec 7 1939 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from not seen 19 , to 19 ,

and that I last saw h alive on 19 .

Immediate cause of death Cerebral Hemorrhage

Due to Epileptic spells

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE John B. Bliss Coronse
M. D. or other

Address Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T)

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46 (B)

CERTIFICATE OF DEATH

11959

Reg. Dist. No. 92

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Cecil

City or town Elkton, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
121 Bell's Lane

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Cecil

City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 121 Bell's Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Headley Hudson

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Widowed

6 (b) Name of husband or wife Martha Hudson

Deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1887

8. AGE:

Years	Months	Days	If less than one day
52			hrs. min.

9. Birthplace West Indies Islands
(Town, county, and state)

10. Usual occupation Barber

11. Industry or business Barbering

FATHER 12. Name

13. Birthplace Not known

MOTHER 14. Maiden name

15. Birthplace Not known

16. Informant Louise Moore (Housekeeper)

Address Elkton, Md.

17. Burial Date thereof Dec. 23 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Kennett Square, Pa

18. Funeral director Joseph A. Grant

Address North East, Md.

19. Dec 22 1939 E. R. Frazer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1939, at 11:45 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 6 1939, to December 20 1939, and that I last saw him alive on December 20 1939

Immediate cause of death	DURATION
Gastric Carcinoma	15 mo.
Due to	
Due to	
Other conditions Secondary Anemia	3 mo.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James L. Johnson M.D.
M. D. or other

Address Elkton, Md. Date signed 12/22/39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

11960

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil
City or town Elkton, Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Not named Lotman

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife None
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 2, 1939

8. AGE: Years | Months | Days | If less than one day hrs. min.

9. Birthplace Elkton, Md. Rural
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Samuel R. Lotman
13. Birthplace Penna

MOTHER
14. Maiden name Mary D. Harris
15. Birthplace Delaware

16. Informant Mary Lotman
Address Elkton, Md

17. burial Date thereof Dec 2, 1939
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory on premises
Location

18. Funeral director None Parent
Address

19. DEC 4 1939 F. R. Frazer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1939, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—,
and that I last saw h— alive on ——— 19—.

Immediate cause of death Still born — DURATION

Due to Premature birth at about 7 mos

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. T. Morrison M.D.
M. D. or other
Address Elkton Date signed Dec. 4 39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1940
BUREAU V. S.

11961

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH: Cecil Co. Md

County

City or town Near Crillton, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Cecil

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Ella C. Manlove

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Wm T. Manlove

6(c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.): Jan. 16 / 1899

8. AGE: Years 40 | Months 10 | Days 16 | If less than one day ___ hrs. ___ min.

9. Birthplace: Cecil Co. Md.
(Town, county and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: William Broadwater
13. Birthplace: Philadelphia, Pa.

MOTHER
14. Maiden name: Alicia Smith
15. Birthplace: Philadelphia, Pa.

16. Informant: Alicia Brown
Address: Chesapeake City, Md.

St Augustine
(Burial, cremation, or removal. Which?)
Date thereof 12/5/1939 (month) (day) (year)

Cemetery or crematory: St. Augustine

Location: Chesapeake City

18. Funeral director: John F. Coffage
Address: Crillton, Md.

19. Dec 5th 1939 (Date rec'd by registrar) Irving Burke Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 2nd 1939, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1st 1939, to Dec 2 1939, and that I last saw her alive on Dec 1st 1939.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 12 hours

Due to: Hemiplegia — 12 hours

Due to: Cause unknown. (History + Physical Exam. Neg.)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Merritt Brice M. D. or other
Address: Millington Date signed: Dec

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M) (T) (I)

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (23)

CERTIFICATE OF DEATH

11962

Reg. Diat. No. 96

1. PLACE OF DEATH:
County Cecil
City or town Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Veterans' Administration
Stay in hospital or inst. (yrs., or mos., or days) 2 yrs. 0 mos. 26 days
Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Pennsylvania County
City or town Pittsburgh Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 105 Dilworth Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR WORLD

3. (a) FULL NAME
MILLER, Charles

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	Single

8 (b) Name of husband or wife --
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 16, 1889

8. AGE: Years	Months	Days	If less than one day
50	4	7	hrs. min.

9. Birthplace North Carolina
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business Various
FATHER 12. Name Isaac Miller - deceased
13. Birthplace North Carolina
MOTHER 14. Maiden name Rachael Hargreave - deceased
15. Birthplace Unknown
16. Informant Hospital records
Address
17. Burial (Burial, cremation, or removal. Which?) Date thereof December 27, 1939 (month) (day) (year)
Cemetery or crematory Baltimore National Cemetery
Location Baltimore, Md.
18. Funeral director Pennington Bros., PENNINGTON & SON
Address Havre de Grace, Md.
19. 12-26-39 (Date rec'd by registrar) Florence M. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 19 39, at 8:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 27 19 37, to Dec. 23 19 39, and that I last saw him alive on December 23 19 39.

Immediate cause of death	DURATION
Tuberculosis, pulmonary, chronic, far advanced, active	Unknown
Due to	
Due to	
Other conditions	
Dementia Praecox, Catatonic type	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations --
Of autopsy --

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide -- Date of
Where did injury occur? -- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) --
Means of injury -- Injured at work?

23. SIGNATURE C. F. Davis
C. F. DAVIS, M.D., Clinical Director
Address Veterans' Administration Perry Point, Maryland Date signed 12/26/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11963

Reg. Dist. No. 94

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County: Cecil
City or town: North East. Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 74 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Cecil
City or town: North East Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Clara Harris Moffitt

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: J. R. K. Moffitt

6(c) If alive, give age: 77 years

7. Birth date of deceased (mo., day, yr.): Apr 6 1865

8. AGE: Years: 74 Months: 8 Days: 24 If less than one day: hrs. min.

9. Birthplace: Principio, Kenmar, Cecil Co Md (town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Joseph Harris
13. Birthplace: Cecil Co Md

MOTHER
14. Maiden name: Mary Owens
15. Birthplace: Cecil Co Md

16. Informant: Mrs J. R. K. Moffit
Address: North East. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 2 1940 (month) (day) (year)
Cemetery or crematory: Methodist
Location: North East, Md

18. Funeral director: Joseph R Shaw
Address: North East, Md

19. Jan 2 19 40 (Date rec'd by registrar) Lida V. Owens Registrar
Temp. Reg

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 30 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 27, 1939, to Dec 30, 1939, and that I last saw h[illegible] alive on Dec 29, 1939

Immediate cause of death: Pneumonia — DURATION: 3 days

Due to: Cerebral Hemorrhage — Embolism

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: H. R. Cumbertson M. D. or other
Address: Wilks Court Date signed Dec 31/39

RECEIVED
FEB 2 19[illegible]
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(131)

11964

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Cecil Co.
~~City or~~ town: Port Deposit, md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Ellen Murray.

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: white
6. (a) ~~Single, married,~~ widowed, ~~or divorced~~: widowed.
6. (b) Name of husband ~~or wife~~: William Murray.
6. (c) If alive, give age: ~~years~~

7. Birth date of deceased (mo., day, yr.): March 1 - 1859.

8. AGE: Years: 80 | Months: 9 | Days: 26 | If less than one day: ~~hrs.~~ ~~min.~~

9. Birthplace: Port Deposit - Md.
(Town, ~~county~~, and state)

10. Usual occupation: Housewife.

11. Industry or business:

FATHER
12. Name: John Murray.
13. Birthplace: Ireland.

MOTHER
14. Maiden name: Bridget Murray.
15. Birthplace: Ireland.

16. Informant: Thomas Murray.
Address: Port Deposit, Md.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof Dec. 30-1939. (month) (day) (year)
Cemetery ~~or crematory~~: Mt. Erin Cemetery
Location: Havre de Grace, Md.

18. Funeral director: Pennington Bros.
Address: Havre de Grace, Md.

19. Dec 28 1939 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 27 1939 at 7.30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 1936 to Dec-27 1939 and that I last saw her alive on Dec-27- 1939.

Immediate cause of death: Chronic Myocarditis

DURATION: 6 yrs.

Due to: Chronic Fibrocarditis.

Due to:

Other conditions: Chronic Interstitial Nephritis.

DURATION: 3 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: C. F. Benson, M.D.
M. D. or other
Address: Port Deposit Md. Date signed: 12/28/39

RECEIVED
JAN 4 1988
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83)

CERTIFICATE OF DEATH

11965

Reg. Dist. No. 96

VS A15 (T)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County: Cecil

City or town: Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Veterans' Administration

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs.3 mos.2 days

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Penna. County:

City or town: Philadelphia Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1553 N. 13th Street, Philadelphia, Pa.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: SCOTT, Harry

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	Negro	Single

6 (b) Name of husband or wife: --

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 4, 1893

8. AGE: Years	Months	Days	If less than one day
46	3	29	hrs. min.

9. Birthplace: Philadelphia, Pa.
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business:

FATHER
12. Name: Unknown - deceased
13. Birthplace: Unknown

MOTHER
14. Maiden name: Estella Scott -
15. Birthplace: Un.

16. Informant: Hospital records

Address:

17. Removal (Burial, cremation, or removal. Which?) Date thereof: Dec. 4, 1939 (month) (day) (year)

Cemetery or crematory: Unknown

Location: Philadelphia, Pa.

18. Funeral director: Pennington & Son PENNINGTON & SON

Address: Havre de Grace, Md.

19. 12-4- (Date rec'd by registrar) 1939 Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 3 1939, at 6:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1 1937, to Dec. 3, 1939, and that I last saw him alive on Dec. 3, 1939.

Immediate cause of death	DURATION
General Paralysis of the Insane	Unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations:

Dt autopsy: Not done

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: -- Date of:

Where did injury occur? -- (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): --

Means of injury: -- Injured at work?

23. SIGNATURE: C. F. Davis

C. F. DAVIS, M.D., Clinical Director

Address: Veterans' Administration, Perry Point, Md. Date signed: Dec. 4, '39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(50)

CERTIFICATE OF DEATH

11966

Reg. Dist. No. 94

1. PLACE OF DEATH:

County: Cecil

City or town: North East

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: North East Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: ✓

3. (a) FULL NAME: Anna M. Sentman

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: ✓

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): June 12 1871

8. AGE: Years 68 | Months 6 | Days 8 | If less than one day ____ hrs. ____ min.

9. Birthplace: Fair Hill, Cecil Co. Md (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER

12. Name: Milton S Sentman

13. Birthplace: Fair Hill Md

MOTHER

14. Maiden name: Lavina Null

15. Birthplace: Cecil Co. Md

16. Informant: J. Warren Sentman

Address: North East, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 23, 1939 (month) (day) (year)

Cemetery or crematory: St Johns Methodist

Location: Lewisville Md

16. Funeral director: Joseph R Grant

Address: North East, Md

19. Dec 28 1939 (Date rec'd by registrar) Geo W Owens Registrar

Per L. V. C.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 20 1939, at 2 A.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from Aug 5 1939, to Dec 20 1939, and that I last saw h[illegible] alive on Dec 20 1939.

Immediate cause of death: Intestinal obstruction — DURATION: 2 days

Due to

Due to

Other conditions: Carcinoma Left Breast ufer - Aug 5 1939 - (Include pregnancy within 3 months of death)

Major findings:

Of operations: Carcinoma of Left Breast operation - no Recurrence - Possible metastasis to intestine

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: H. A. Cumbrett M. D. or other

Address: No East Md Date signed: Dec 23/39

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11967

92-a

Reg. Dist. No. 92

1. PLACE OF DEATH:
County Cecil
City or town Elkton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insf. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 30 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Elkton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 227 W Main
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Catherine Strain

3. (b) Social Security Number

4. Sex Female
5. Color or race White
6. (a) Single, married, widowed, or divorced widowed
6 (b) Name of husband or wife David C Strain
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.) June 7 1857
8. AGE: Years 82 Months 6 Days 1 If less than one day ____ hrs. ____ min.
9. Birthplace Wilmington Delaware
(Town, county, and state)
10. Usual occupation House Keeper
11. Industry or business
FATHER 12. Name John Wesley Draper
13. Birthplace Maryland
MOTHER 14. Maiden name Margaret Ann Milburn
15. Birthplace no information
18. Informant George W Boulden
Address Elkton Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 10 1939 (month) (day) (year)
Cemetery or crematory The Elkton Cemetery
Location Elkton Md
18. Funeral director H. W. Pippin
Address Elkton, Md
19. Dec 9 1939 (Date rec'd by registrar) F R Frazer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8 1939, at 6 15 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 8 1939, to Dec 8 1939, and that I last saw her ~~alive~~ dead on Dec 8 1939.
Immediate cause of death Cerebral Embolism — DURATION 15 min.
Due to Chronic Endocarditis
Due to
Other conditions
(Include pregnancy within 8 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J Herbert Bates M.D.
M. D. or other
Address Elkton Md Date signed 12/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (I)

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

11968

Reg. Dist. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Cecil

City or town Outside of Rising Sun

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 19 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Cecil

City or town Near Rising Sun; Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John H. Webb.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Octavie Webb.

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) Nov. 14, 1864

8. AGE: Years	Months	Days	If less than one day
75	1	0	hrs. min.

9. Birthplace Iowa (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name Moses Webb

13. Birthplace Iowa

MOTHER 14. Maiden name Amanda Sibtle

15. Birthplace N. C.

16. Informant William Webb.

Address Rising Sun, Md, R.F.D

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 18, 1939 (month) (day) (year)

Cemetery ~~or crematory~~ Brookview

Location Rising Sun Md.

18. Funeral director J.E. Tyson.

Address Rising Sun Md.

19. Dec 16 19 39 (Date rec'd by registrar) Registrar

Permit issued 12-16-1939.

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 1939 at 4 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 11 1939 to Dec 14 1939, and that I last saw him alive on Dec 14 1939.

Immediate cause of death Cerebral Hemorrhage — DURATION 4 Days

Due to

Due to

Other conditions Arterio sclerosis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. B. Robinson, M. D.

M. D. or other

Address Oxford Pena Date signed Dec 14 39

RECEIVED
JAN 8 1949
U.S. AU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11969

Reg. Dist. No. 96

1. PLACE OF DEATH:
County Cecil
City or town Perry Point, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Veterans' Administration
Stay in hospital or inst. (yrs., or mos., or days) 2 yrs. 8 mos. 14 days
Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Cecil
City or town Perry Point, Maryland Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Brought from St. Eliz. Hosp., Wash. D.C.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR Indian War

3. (a) FULL NAME
WHITE, George W. (alias George W. Washburn)

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widower

6 (b) Name of husband or wife Name unknown
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 12, 1858

8. AGE: Years	Months	Days	If less than one day
81	7	10	____ hrs. ____ min.

9. Birthplace Boston, Mass.
(Town, county, and state)
10. Usual occupation Performer at carnivals - contortionist, magician, etc.
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant Hospital records
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof December 23, 1939 (month) (day) (year)
Cemetery or crematory Baltimore National Cemetery
Location Baltimore, Md.
18. Funeral director Pennington & Son BENNINGTON & SON
Address Havre de Grace, Md.

19. 12/22/ 19 39 (Date rec'd by registrar) Florence W. Sanders Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22 19 39, at 12:17 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 8, 1937 to Dec. 22 19 39, and that I last saw him alive on December 22 19 39.

Immediate cause of death Cerebral hemorrhage — DURATION 12-17-39

Contributory cause:
Due to Psychosis with cerebral arteriosclerosis — Unknown

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations --
Of autopsy --

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide -- Date of ____
Where did injury occur? -- (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) --
Means of injury -- Injured at work?

23. SIGNATURE C. F. Davis
C. F. DAVIS, M.D., Clinical Director
Address Veterans' Administration, Perry Point, Maryland Date signed Dec. 22, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

11970

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH (131)

Reg. Dist. No. 95

1. PLACE OF DEATH:

County: Cecil

City or town: Rising Sun, Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): All her life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Cecil

City or town: Rising Sun Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mary Lillian White

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Clinton D. White

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 8/15/1849

8. AGE: Years: 90 Months: 3 Days: 22 If less than one day ____ hrs. ____ min.

8. Birthplace: Buck's County, Pa. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Samuel Krewson
13. Birthplace: Unknown

MOTHER
14. Maiden name: Eliza Dilty
15. Birthplace: Unknown

18. Informant: Anna M. Ryan

Address: Rising Sun, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/10/39 (month) (day) (year)

Cemetery or ~~crematory~~: Brookview

Location: Rising Sun, Md.

18. Funeral director: Mrs Jennie W. Taylor

Address: Rising Sun Md

19. Dec 9 1939 (Date rec'd by registrar) L. M. Worthington Registrar

Permit issued 12-9-1939

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 7 1939, at 1:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1 1939, to Dec 7 1939, and that I last saw her alive on Dec 6 1939.

Immediate cause of death: Chronic Nephritis with Dysentery; meaning

Due to: thereby, gastro-enteritis. C.W.G.R.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: no

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: no Date of:

Where did injury occur? no (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: R. C. Dodson MD M. D. or other

Address: Rising Sun Md Date signed: 12-9-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
JAN 6 1940
BUREAU V. S.